

3121

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. 479		Registered No. 69	
County <u>Yuma</u>				State <u>ARIZONA</u>			
Township				or Village			
City <u>Yuma</u>				No. <u>225</u> <u>6th Ave</u>			
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred <u>64</u> yrs. mos. ds.				How long in U. S. of foreign birth <u>64</u> yrs. mos. ds.			
2. FULL NAME <u>Paula Munoz</u>				How long in State when death occurred <u>64</u> yrs. mos. ds.			
(a) Residence: No. <u>225</u> <u>6th Ave</u>				St. Ward.		(If non-resident give city or town and State)	
(Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX		4. COLOR OR RACE		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
<u>Female</u>		<u>Mexican</u>					
5a. If married, widowed, or divorced							
HUSBAND of <u>Genovevo Munoz</u>							
(or) WIFE of							
6. DATE OF BIRTH (month, day, and year) <u>March 2, 1860</u>							
7. AGE		Years		Months		Days	
<u>74</u>		<u>2</u>		<u>27</u>		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) <u>Mexico</u> (state or country)							
13. NAME <u>Jose Gonzales</u>							
14. BIRTHPLACE (city or town) <u>Mexico</u> (State or country)							
15. MAIDEN NAME <u>Entimia Mendoza</u>							
16. BIRTHPLACE (city or town) <u>Mexico</u> (State or country)							
17. INFORMANT <u>Tircio Munoz</u> (Address) <u>Andrade, California</u>							
18. BURIAL, CREMATION, OR DISPOSAL							
Place <u>Yuma Cemetery</u> Date <u>5/31/34</u>							
19. UNDERTAKER <u>Johnson Mortuary</u> (Address) <u>Yuma, Arizona</u>							
20. Filed <u>May 31, 1934</u> <u>Mary A. Ruffner</u> Registrar (Address) <u>Yuma, Arizona</u>							
21. DATE OF DEATH (month, day, and year) <u>5/29/34</u> 19 <u>34</u>							
I HEREBY CERTIFY, That I attended deceased from <u>May 27</u> to <u>May 29</u> , 19 <u>34</u>							
I last saw him or her alive on <u>May 27</u> , 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>6:00 PM</u>							
The principal cause of death and related causes of importance were as follows:							
<u>Organic Heart Disease</u>							
Date of Onset <u>?</u>							
Other contributory causes of importance:							
Name of operation <u>none</u> Date of <u>none</u>							
What test confirmed diagnosis? <u>none</u> Was there an autopsy? <u>no</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury <u>no</u>							
Where did injury occur? (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>							
If so, specify <u>After heart</u>							
(Signed) <u>Mary A. Ruffner</u> M. D.							
(Address) <u>Yuma, Arizona</u>							